

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where
appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as
indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for
maintenance fee notifications.

appropriate All further cor	rrespondence including the I below or directed otherwise	Patent advance orde	ers and noti	PUBLICATION FEE (if requirements fees values and correspondence address	will be mailed to the currer	nt correspondence address as
CURRENT CORRESPONDENC	CE ADDRESS (Note: Use Block I for	any change of address)	<u>.</u>	Fee(s) Transmittal. The papers. Each addition have its own certificat	nis certificate cannot be used al paper, such as an assignn te of mailing or transmission rtificate of Mailing or Tran	nsmission
SUITE 500 3000 K STREET N 2/04/2005 MBEYENE2 00	. (FEB 0 2 2005	FIGE 9	I hereby certify that the States Postal Service addressed to the Ma	his Fee(s) Transmittal is bei with sufficient postage for f il Stop ISSUE FEE addres PTO (703) 746-4000, on the	ng deposited with the United irst class mail in an envelope as above, or being facsimile
CANALGOOD WREAENES 00	000179 09622544	Dr. AND	7			(Depositor's name)
1 FC:1501 1400.00 OP						(Signature) (Date)
APPLICATION NO.	FILING DATE	F	IRST NAMEI	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/622,544	10/13/2000		Sarkis Barre	t Kalindjian	40283/183	8561
TITLE OF INVENTION: H	IISTAMINE H3 RECEPTOR	LIGANDS				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1276(400.		\$0	\$1370	02/15/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS]	
KIFLE, BRUCK		1624		514-408000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unless recordation as set forth it (A) NAME OF ASSIGN		elow, no assignee do of this form is NOT (B)	ata will app a substitute RESIDENC	r (print or type) ear on the patent. If an assign for filing an assignment. EE: (CITY and STATE OR CO	UNTRY)	document has been filed for
Please check the appropriate	e assignee category or catego	ries (will not be prin	ited on the p	atent): 🗖 Individual 🖫 C	Corporation or other private g	roup entity Government
	enclosed: small entity discount permitte f Copies	[ed) [Ab. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number			
a. Applicant claims S	(from status indicated above MALL ENTITY status. See is requested to apply the Issu Publication Fee (if required) v	e) 37 CFR 1.27.	b. Applic	ant is no longer claiming SMA and or to re-apply any previous the other than the applicant; a reg	LL ENTITY status. See 37	CFR 1.27(g)(2).
Authorized Signature	Middle Online States Pate	Manual Hademark C	Ance.		12/04	
Typed or printed name _	Michele M.	Sinkin)	Registration	1 No. 34.717	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.